

HIV/AIDS

AIDS (Acquired Immune Deficiency Syndrome) is a Class C Disease and is reportable to the state within five business days.

This report is a summary based on the Louisiana HIV/AIDS Annual Report and Epidemiologic profile. For more details check the HIV/AIDS program website where reports from 1998 to present are displayed:

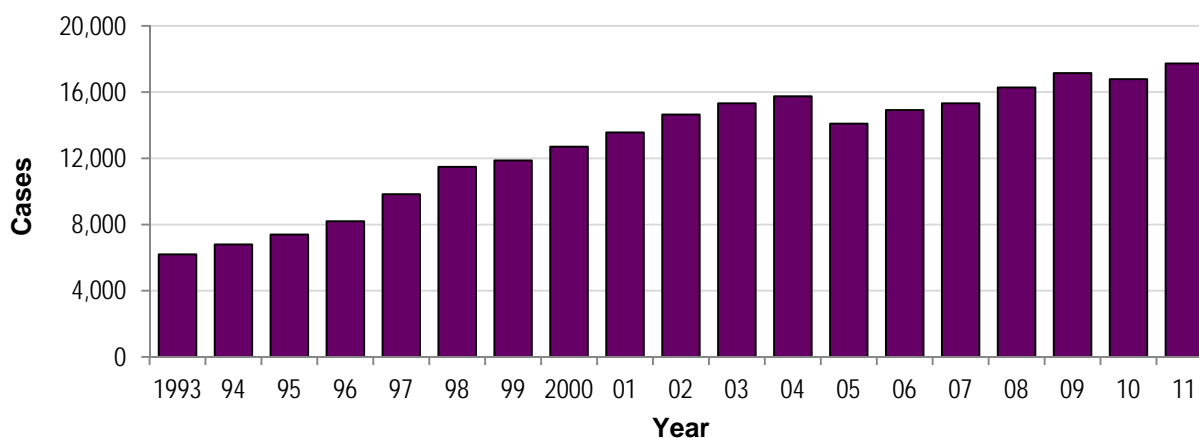
www.dhh.louisiana.gov/assets/oph/Center-PHCH/Center-PH/hiv-aids/2013/2011STDHIVPROGRAMREPORT.pdf

The HIV/AIDS epidemic continues to have a significant impact on the public health of Louisiana. There are persons living with HIV in every parish. In 1993, the Centers for Disease Control and Prevention (CDC) expanded the AIDS definition to include HIV-infected individuals with pulmonary tuberculosis, recurrent pneumonia, invasive cervical cancer, or with a CD4T-lymphocyte count less than 200 cells/mL or a CD4+ percentage less than 14%. In February 1993, HIV infection became a reportable condition in Louisiana. Although HIV infection is a reportable disease, the data are underreported because only persons with HIV who choose to be tested confidentially are counted. Most data presented in this summary begins in 1994.

Persons Living with HIV

This cumulative number of individuals living with HIV increased each year leading up to 2004, then it decreased by 10.5% in 2005. The cumulative number of cases then displayed an increasing trend from 2005 to 2011. The increase seen from 1993 to 2005 was largely due to more effective drug therapies influencing the survival rate while the decrease seen in 2005 was due to the large number of persons from the New Orleans metropolitan relocating to a state other than Louisiana post-Katrina. In 2011, there were 17,735 persons known to be living with HIV infection in Louisiana, of whom 9,650 (54%) had progressed to AIDS (Figure 1).

Figure 1: Cumulative Cases of Persons living with HIV Infection - Louisiana, 1993-2011



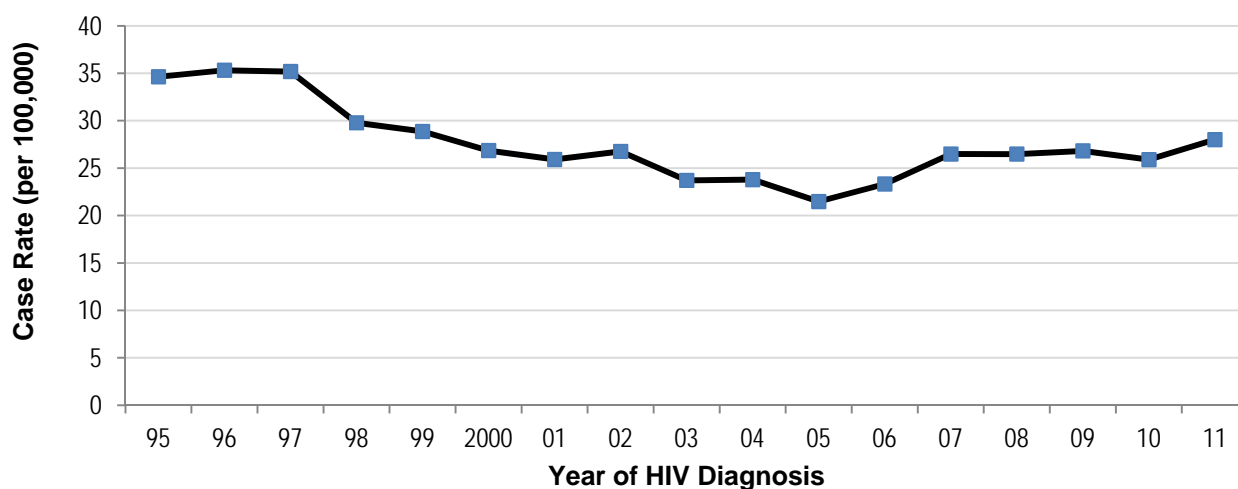
New HIV Cases

New HIV diagnoses represent the number of people diagnosed with HIV at any stage of the disease within the given year. These data have historically served as a measure of new infections (incidence);

however, people can be infected with HIV for a long time before they are diagnosed. Therefore, counting new HIV diagnoses is not an accurate representation of new infections because persons who have not been tested, and those who test anonymously, are not included in this data, HIV diagnosis data provide only the minimum estimate of the number of people living with HIV. The CDC estimates that 21% of persons living with HIV are undiagnosed.

In 2011, 1,282 new HIV cases were diagnosed. The lower number of new diagnoses in 2005 and 2006 was due to the impact of Hurricane Katrina in August 2005 which caused a significant dislocation of the population and a disruption of HIV testing services. From 2010 to 2011 there was a 13% increase in individuals newly diagnosed with HIV infection (Figure 2).

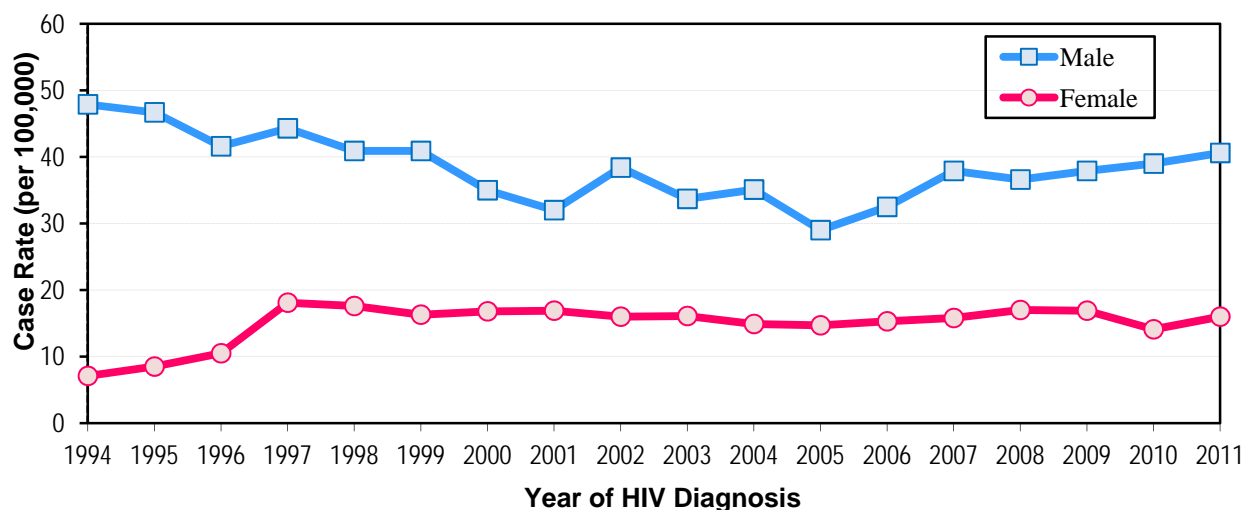
Figure 2: New HIV Diagnoses - Louisiana, 1994-2011



Sex Distribution

While the HIV case rate for females in Louisiana has remained relatively stable over the past ten years (between 14.1 and 17.0 per 100,000), the case rate for men has been more variable (between 29.0 and 38.4 per 100,000). From 1994 to 2005 the case rate for males declined significantly, but since then has risen to levels seen at the beginning of this decade (Figure 3). In 2011, males made up about 70% of all people living with HIV infection in Louisiana.

Figure 3: Trends in HIV Diagnosis Rates by Sex - Louisiana, 1994-2011

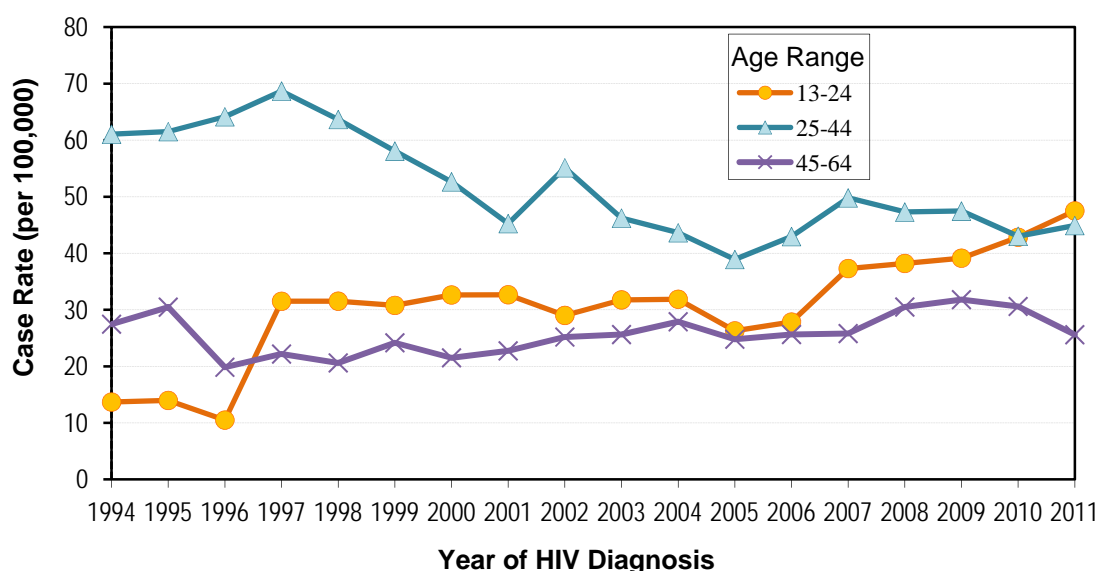


The majority of all new infections have occurred in persons aged 25 to 44 years; 49% of all new diagnoses in 2011 were in this age group. While the number of new diagnoses in persons aged 25 to 34 years decreased from 2002 to 2003, it has steadily increased since then to become the age group with the highest number of new diagnoses (30% of all new HIV diagnoses in 2011).

The number of new diagnoses in persons aged 35 to 44 years has fluctuated in the past few years, but in 2011 accounted for 19% of all new diagnoses.

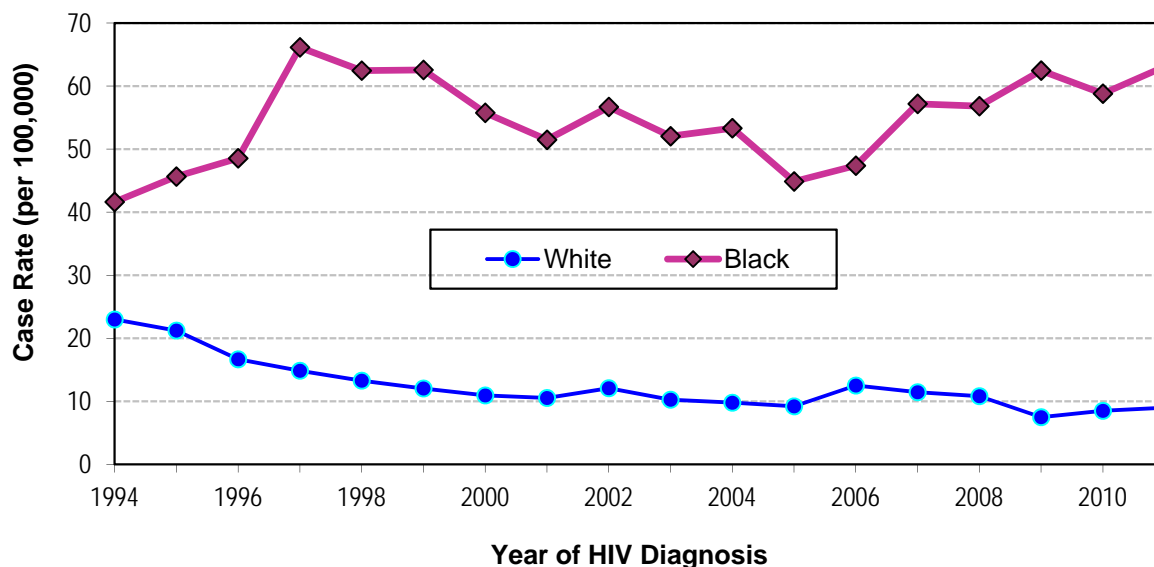
The number of new diagnoses in youth aged 13 to 24 years has been steadily increasing since 2006. In 2011, new diagnoses in this age group accounted for 25% of all new diagnoses compared to 18% of all new cases reported in 2008.

Figure 4: Trends in HIV Rates by Age Group- Louisiana, 1994-2011



Race Distribution

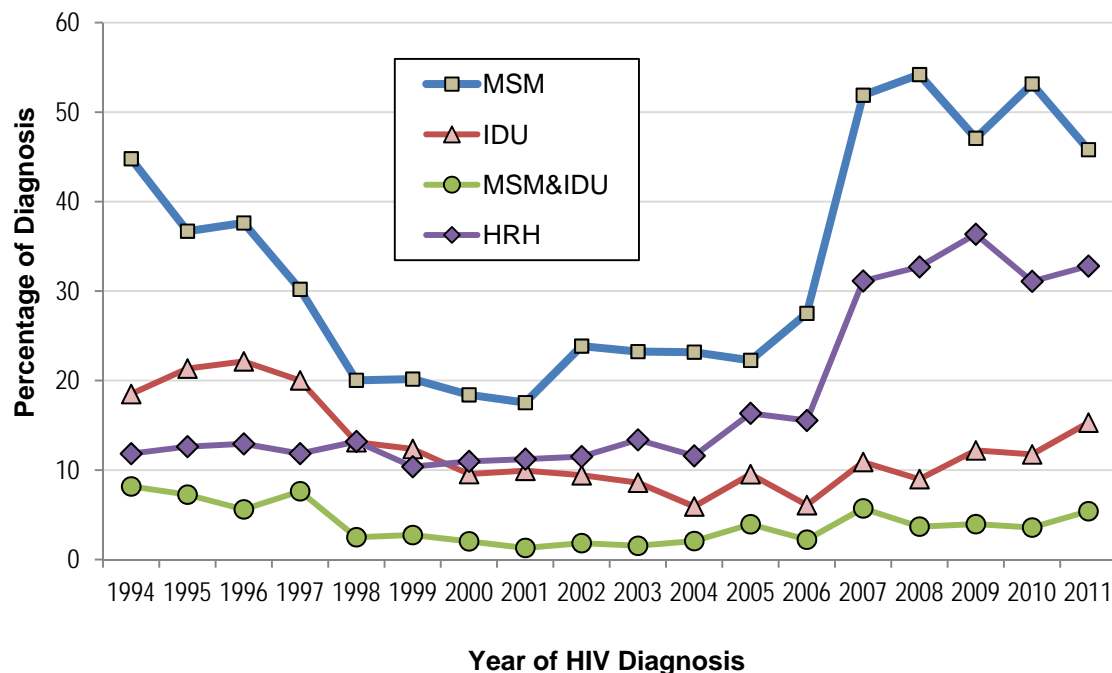
The HIV diagnosis rate among whites has remained stable over the past 10 years. The rate for blacks has been more variable over the past 10 years and has increased from a low of 49.0 per 100,000 in 2005 to a high of 64.3 per 100,000 blacks in 2009. The current rate in 2011 is 63.1 per 100,000 blacks. In 2009, Blacks made up 32% of Louisiana's population but 74.0% of all new HIV diagnoses. The HIV diagnosis rate for Blacks continues to be disproportionately high. (Figure 5).

Figure 5: Trends in HIV Rates by Race - Louisiana, 1994-2011

Distribution by Risk Factors

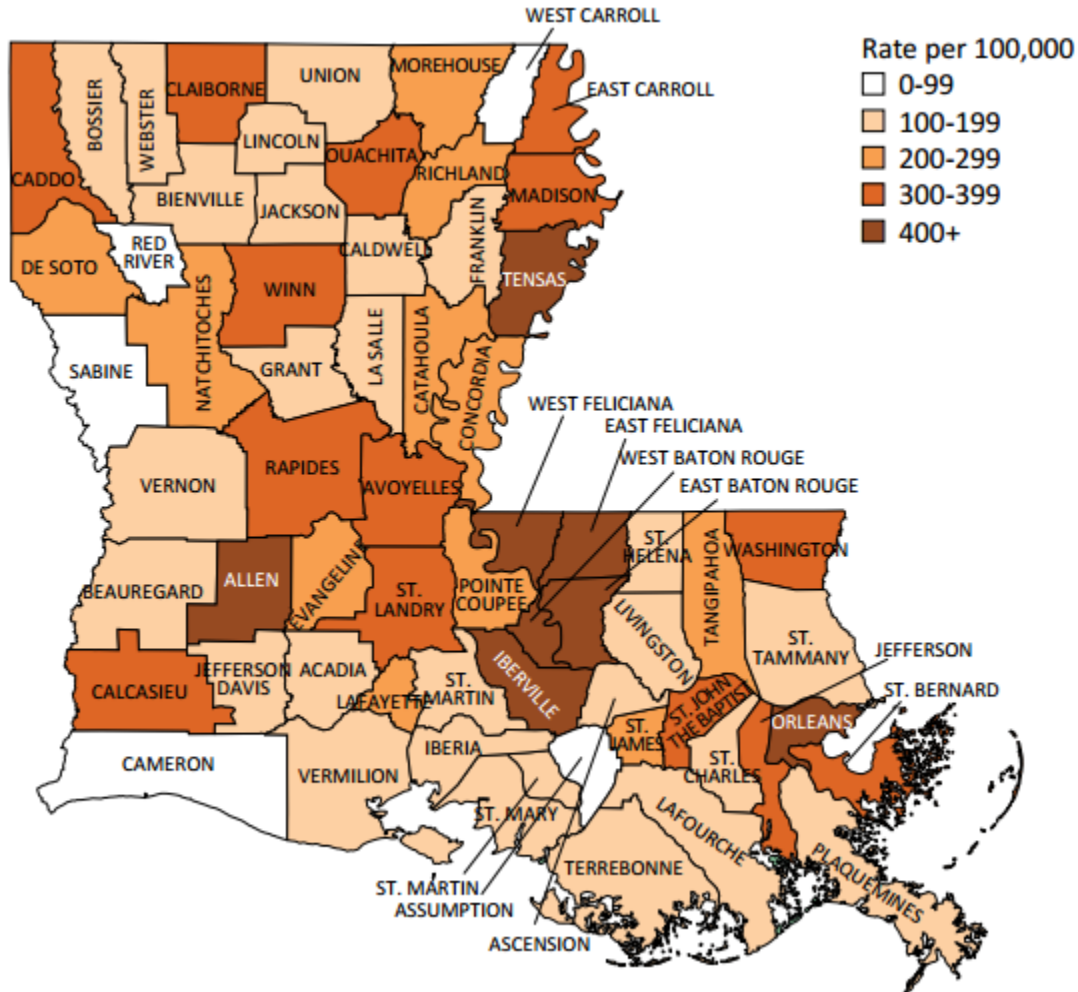
The modes of exposure (i.e., persons' risk for HIV transmission) have changed since the beginning of the epidemic. Throughout the epidemic, most HIV transmission has occurred among men who have sex with men (MSM), and injection drug users (IDUs); however, the proportion of cases attributed to IDUs has been decreasing during the past decade. Although the absolute number of cases of MSMs is lower than it was in the early years of the epidemic, during the past three years, the proportion of MSM cases has increased. In addition, the proportion of cases among persons who report specific high risk heterosexual contact has remained relatively stable for the past ten years. Since 2007, cases without a reported risk exposure have had a transmission category assigned through imputation.

The largest proportion of cases detected in 2011 (45.8%) were attributed to MSMs after adjusting for unreported risk; cases attributed to high-risk heterosexual contact (HRH) accounted for 32.8 of all cases diagnosed in 2011. Over the past ten years, the proportion of adult HIV cases attributed to MSM has increased from 18% in 2001 to 45.8% in 2011. The proportion of HRH cases has increased slightly over the past ten years (11% in 2001 to 32.8% in 2011). The proportion of cases attributed to IDUs and MSMs/IDUs has declined dramatically over the past ten years to 15.3% and 5.4% respectively in 2011. Rates of perinatal/pediatric infections have been very low (< 1% of total) as have the rates for transfusion and hemophiliacs (<0.5%), (Figure 6).

Figure 6: Trends in HIV Transmission Categories - Louisiana 2000-2011

Geographical Distribution

By the end of 2011, eight parishes had a prevalence rate of HIV infection greater than 400 per 100,000 population. Many of the parishes with disproportionate HIV/AIDS prevalence rates have correctional facilities that have reported large numbers of HIV/AIDS cases. Although the majority of persons living with HIV are concentrated in urban areas, 14.6% of HIV-infected persons live in rural parishes (Figure 7).

Figure 7: Persons Living with HIV Infection by Parish - Louisiana, 2011

The three public health regions in Louisiana with the largest number of new HIV diagnoses in 2011 were New Orleans, Baton Rouge and Shreveport (regions 1,2 and 7 respectively). As of Dec. 31, 2011, a total of 17,735 persons were reported as living with HIV infection in Louisiana. There are persons living with HIV in every parish (Figure 8).

Figure 8: New HIV Diagnoses by Rate and Region – Louisiana, 2011